

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Tool Name: Independent Living Plan	Effective Date: July 1, 2006
	Reference: Chapter 11	Version: 1

Youth's Name _____ **Date** _____
 Age _____ Gender _____
 Youth's Living Situation _____

Chafee IL Service Provider _____
 Caseworker name _____

County of Referral _____ **County of Residence** _____
 Youth's Family Case Manager/Probation Officer _____
 Mentor _____

Ansell-Casey Life Skills Assessment (ACLSA) Completion Date _____

Domain Assessment	Score	Prioritize identified needs 1 through 9
Career Planning		
Communication		
Daily Living		
Home Life		
Housing and Money Management		
Self Care		
Social Relationships		
Work skills		
Work and Study Skills		

Based on identified needs above, the following services will be provided (each identified need may have many goals to meet the needs of the youth):

1. Career Planning

Goal: _____ Expected date: _____
 Activities to reach goal:
 1. _____
 2. _____

Goal: _____ Expected date: _____
 Activities to reach goal:
 1. _____
 2. _____

2. Communication

Goal:

Expected date:

Activities to reach goal:

- 1.
- 2.

Goal:

Expected date:

Activities to reach goal:

- 1.
- 2.

3. Daily Living

Goal:

Expected date:

Activities to reach goal:

- 1.
- 2.

Goal:

Expected date:

Activities to reach goal:

- 1.
- 2.

4. Home Life

Goal:

Expected date:

Activities to reach goal:

- 1.
- 2.

Goal:

Expected date:

Activities to reach goal:

- 1.
- 2.

5. Housing and Money Management

Goal:

Expected date:

Activities to reach goal:

- 1.
- 2.

Goal:

Expected date:

Activities to reach goal:

- 1.
- 2.

6. Self Care

Goal:

Expected date:

Activities to reach goal:

- 1.
- 2.

Goal:

Expected date:

Activities to reach goal:

- 1.
- 2.

7. Social Relationships

Goal:

Expected date:

Activities to reach goal:

- 1.
- 2.

Goal:

Expected date:

Activities to reach goal:

- 1.
- 2.

8. Work Skills

Goal:

Expected date:

Activities to reach goal:

- 1.
- 2.

Goal:

Expected date:

Activities to reach goal:

- 1.
- 2.

9. Work and Study Skills

Goal:

Expected date:

Activities to reach goal:

- 1.
- 2.

Goal:

Expected date:

Activities to reach goal:

- 1.
- 2.

10. Documents

(all youth receiving transition services must have a personal copy of their original birth certificate, social security card, State ID or driver's permit/license, medical records and school records prior to case dismissal)

Goal:

Expected date:

Activities to reach goal:

- 1.
- 2.

Goal:

Expected date:

Activities to reach goal:

- 1.
- 2.

The IL Plan must be reviewed and modified if needed every six months following the completion of the ACLSA.

I participated in completing the ACLSA and in the preparation of this IL Plan based on the needs identified in the assessment and I agree with the services to be provided.

Youth's signature _____ **Date** _____

Youth's printed name _____

This plan was prepared with the participation of the above named youth. The services identified above will be provided to assist the youth in reaching the identified goals.

Agency case manager signature _____ **Date** _____

Agency case manager printed name _____